

PROVIDER

ICEMA #

NAME _____
 ADDRESS _____ ZIP _____
 Age _____ DOB ____/____/____ ☐ M ☐ F Approx. Weight _____ Approx. Height _____ # Pts _____

CHIEF COMPLAINT _____

MECH. OF INJ. _____ SEAT BELT Y / N _____

MED. HISTORY: _____

PATIENT'S MEDS: _____

ALLERGIES: _____

TIME	BLOOD PRESSURE	PULSE	RESPIRATION
		Rate Description	Rate Lung Sounds

SKIN COLOR
☐ Normal ☐ Pale/Ashen ☐ Cyanotic ☐ Flushed
MOISTURE
☐ Normal ☐ Dry ☐ Moist ☐ Profuse
SKIN TEMP.
☐ Hot ☐ Warm ☐ Cool ☐ Cold
Rt. PUPILS
☐ Normal ☐ Constricted ☐ Dilated
Lt. PUPILS
☐ Normal ☐ Constricted ☐ Dilated
Rt. PUPILS
☐ Non-reactive ☐ Sluggish
Lt. PUPILS
☐ Non-reactive ☐ Sluggish

RESPIRATORY EFF.
☐ Normal ☐ Shallow/Retract/None
CAPILLARY REFILL
☐ Immediate ☐ Delayed ☐ None
EYE OPENING
☐ Spontaneous ☐ To voice ☐ To pain ☐ None
VERBAL RESPONSE
☐ Oriented ☐ Confused ☐ Inappropriate ☐ Incomprehensible ☐ None
MOTOR RESPONSE
☐ Obedient ☐ Purposeful ☐ Withdrawal ☐ Flexion ☐ Extension ☐ None

SYS BP: >90=4 70-90=3 50-69=2 <50=1 RESP: 10-24=4 25-35=3 >35=2 <10=1
 GCS/TRS: 14-15=5 11-13=4 8-10=3 5-7=2 3-4=1

TIME	DEFIB	EKG RHYTHM

TIME ORD	CARE RENDERED	ROUTE	DOSE	TIME ADM.

COMMENTS: _____

Prim. Inc. # _____ Other Provider _____
 Date _____ Unit _____
 Location _____
 City _____ Zone _____
 CARE < ARV'L ☐ No ☐ CPR ☐ Other BLS ☐ ALS
 PRIOR ☐ Ctz ☐ None ☐ Medical ☐ FD/BLS
 CARE GIVER ☐ Other ☐ Law Enforce ☐ FD/ALS
 ORIGIN

RECEIVED
 ENROUTE
 ARRIVE
 PT. CONTACT
 DEPART
 ARRIV. DEST.
 AVAILABLE

TIME	CODE	ODOMETER
	1 2 3	
	1 2 3	

BASE HOSP. _____ CONTACT TIME _____
☐ No Contact ☐ VHF ☐ UHF ☐ Phone ☐ EKG Xmit
 REC'G HOSP. _____
☐ Pt Request ☐ Peds Trauma ☐ Diversion ☐ Reroute ☐ Trauma ☐ Closest ☐ Other

TIME	BLOOD PRESSURE	PULSE	RESPIRATION
		Rate Description	Rate Lung Sounds

PT PHYSICIAN _____

BILLING

ITEM	CHARGE	ITEM	CHARGE
Oxygen		Mileage	
Back board		Emergency	
Hard collar		Night	
KED		Wait Time	
EKG monitor		TOTAL	
Base Rate			

TIME	DEFIB	EKG RHYTHM

TIME ORD	CARE RENDERED	ROUTE	DOSE	TIME ADM.

Team Member #1 (Pt. attend) ☐ EMT-I ☐ EMT-II ☐ EMT-P ☐ RN
 Team Member #2 (Radio att.) ☐ EMT-I ☐ EMT-II ☐ EMT-P ☐ RN
 Team Member #3 ☐ EMT-I ☐ EMT-II ☐ EMT-P ☐ RN ☐ Trainee ☐ Other

☐ CHECK BOX IF EXTENDED RUN TIME OR UNUSUAL CIRCUMSTANCE

PT RECEIVED BY _____

BILLING INFORMATION

Receiving Physician:

Name (Print) _____ Signature _____

Patient's:

Name _____ Phone # _____

Address _____

Billing Address _____

Medicare # _____ MEDI-CAL # _____

Social Security # _____ Driver's License # / State _____

Family Physician _____ County Run # _____

Patient's Employer:

Name _____ Phone # _____

Address _____

Responsible Party:

Name _____ Phone # _____

Address _____ Relation _____

Was this a Workman's Comp. injury: Yes No Total Charges _____

Ins. Carrier _____ Payment Received _____

Policy # _____ Balance Due _____

I hereby assign my insurance benefits covering medical transportation to the above named ambulance service.

Signed: _____ Signature of Patient or Responsible Party: _____

Transfers Only: (To be completed by hospital)

Reason Necessitating Transfer: _____

Physician Signature _____

MEDICAL LIABILITY RELEASE FORM

I hereby release _____ Mobile Intensive Care and/or Ambulance Service, its employees and administrative officers, and _____ Hospital, its Emergency Room staff, hospital employees and directors and/or administrative staff from any liability or medical claims resulting from my refusal of Emergency Care and/or Transportation to the nearest Appropriate Facility. I further understand that I have been directed to contact my Personal Physician as to my present condition.

PATIENT'S SIGNATURE _____ DATE _____

GUARDIAN'S SIGNATURE _____ DATE _____

WITNESS 1 _____ DATE _____

WITNESS 2 _____ DATE _____

BASE HOSPITAL CONTACTED: ☐ YES ☐ NO

PHYSICIAN'S RESPONSIBILITY

DOCTOR, PLEASE READ CAREFULLY: IF YOU DESIRE TO TAKE CHARGE OF THE ACCIDENT/ILLNESS SCENE *, YOU MUST:

1. Show your current California Medical Dr. License to the Emergency Medical Personnel on the scene.
2. Agree to take full responsibility for the care & treatment of the patient(s) involved in the incident.
3. Accompany the patient(s) in the ambulance/rescue unit to the medical facility most appropriate to receive the patient(s).

PHYSICIAN'S SIGNATURE _____ PROFESSIONAL LICENSE # _____ DATE _____

* Paramedics: The Base Hospital must be notified that you have a physician on scene taking charge of the call.

FIRE DEPARTMENT MANPOWER RECORD

Capt. _____ Capt. PM _____

Eng. _____ Eng. PM _____

Frm. _____ Frm. PM _____

Frm. _____ Frm. PM _____

P.D. Officer: _____

Paramedic Team: _____

Report made by: _____ Report # _____

Rank _____ Sta. _____ Shift _____

UNIT #:			
ALARM TIME:			
IN SERVICE:			
ON SCENE:			
IN SERVICE:			
IN QUARTERS:			
TOTAL UNIT TIME:			
RECOVERY TIME:			
TOTAL MH/UNIT:			
TOTAL MANHOURS:			

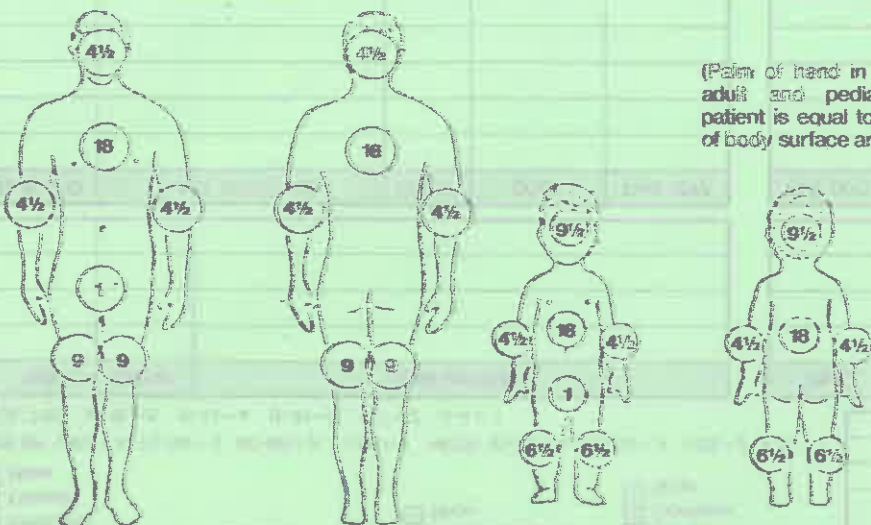
STANDARD PREHOSPITAL MEDICAL RECORD CODES

EKG RHYTHM

AFIB = Atrial Fibrillation
 AFLU = Atrial Flutter
 AGON = Agonal
 ASYS = Asystole
 ATAC = Atrial Tachycardia
 BBB = Bundle Branch Block
 IDIO = Idioventricular Rhythm
 JUNC = Junctional
 PAC = Premature Atrial Contraction
 PACE = Pacemaker Rhythm
 PAT = Paroxysmal Atrial Tachycardia
 PVC = Premature Ventricular Contraction

MPCM = Malfunctioning Pacemaker
 RSR = Regular Sinus Rhythm
 SDYS = Sinus Dysrhythmia
 SBDU = Sinus Bradycardia
 ST = Sinus Tachycardia
 SVT = Supraventricular Tachycardia
 VFIB = Ventricular Fibrillation
 VTAC = Ventricular Tachycardia
 FDHB = First Degree A.V. Block
 SDHB = Second Degree A.V. Block
 TDHB = Third Degree A.V. Block

RULE OF NINES



BASE HOSPITAL/RECEIVING FACILITY

BCH = Barstow Community Hospital (10)
 BVCH = Bear Valley Community Hospital (11)
 CMH = Centinela Mammoth Hospital (08)
 CHIN = Chino Community Hospital (25)
 CTH = Carson Tahoe - Nevada (09)
 DSH = Desert Springs - Nevada (01)
 DHM = Doctors Hospital - Montclair (41)
 GAFB = George Air Force Base (90)
 HDMC = Hi-Desert Medical Center (31)
 KPMC-F = Kaiser Permanente - Fontana (59)
 LLCH = Loma Linda Community Hospital (68)
 LLU = Loma Linda University Med. Center (69)
 NIBO = Marine Base - Barstow
 NIH = Northern Inyo Hospital (79)
 MGH = Mono General Hospital (74)
 MTCH = Mountains Community Hospital (76)
 NDCH = Needles-Desert Community Hospital (27)
 OCH = Ontario Community Hospital (80)
 RCCH = Rancho Cucamonga Hospital (85)
 RDCH = Redlands Community Hospital (91)
 SACH = San Antonio Community Hospital (96)
 SBC = San Bernardino Community Hospital (98)
 SBMC = San Bernardino County Med. Center (97)
 SIH = Southern Inyo Hospital (05)
 STB = St. Bernardine's Hospital (06)
 SMDV = St. Mary's Desert Valley Hospital (07)
 STM = St. Mary's - Nevada (12)
 SH = Humana Sunrise Hospital - Las Vegas (02)
 TNPM = Twentynine Palms Marine Hospital
 UNLV = University Med. Center - Nevada (03)
 VMH = Valley Memorial Hospital - Nevada (04)
 VAH = Veterans Administration Hospital (95)
 VVCH = Victor Valley Community Hospital (18)
 WMC = Washoe Medical Center - Reno (13)

Sign	0	1	2	3 min	5 min
Heart Rate	Absent	Below 100	Over 100		
Respiration (effort)	Absent	Slow and irregular	Normal; crying		
Muscle Tone	Limp	Some flexion-extremities	Active; good motion		
Irritability	No response	Crying; some motion	Crying; vigorous		
Skin Color	Bluish or Paleness	Pink or typical newborn color; hands and feet are blue	Pink or typical newborn color; entire body		
			TOTAL APGAR SCORE		

STANDARD ABBREVIATIONS

B-Board	Back board	Ir	Irregular	Ref.	Refused or refuses
BVM.	Bag/valve/mask	J	Joules	R	Right
Bilat.	Bilateral	JVD	Jugular venous distention	RLQ	Right lower quadrant
BP, B/P	Blood pressure	KVO	Keep vein open	RUQ	Right upper quadrant
C-collar	Cervical collar	kg	Kilogram	Sub-q	Subcutaneous
C-spine	Cervical spine	LOC	Level or loss of consciousness	S&R	Strong and regular
C/o, c.o.	Complains of	Lat	Lateral	s	Without
Can.	Cancelled	L	Left	SOB	Shortness of breath
c	With	LLO	Left lower quadrant	T/C, TC	Traffic collision
CHF	Congestive heart failure	LUQ	Left upper quadrant	TKO	To keep open
cc	Cubic centimeters	Lac.	Laceration	Tx	Treatment
Diff. breath.	Difficulty breathing	MVA	Motor vehicle accident	VS, vs	Versus
Defib.	Defibrillation	M/C, MC	Motorcycle	X	Times
DNO	Did not obtain	Mins	Minutes	7 on 10	Rated as 7 on a scale of 10
DOE	Dyspnea on exertion	mg	Milligrams	&, +	And
EBL	Estimated blood loss	MPH	Miles per hour	=	Equal
Fx	Fracture	Neg.	Negative	°	Degree
g	Gauge (i.e. 18 g. angio)	N/V	Nausea and vomiting	l.	Liters
Gm	Grams	NC	Nasal cannula	2°	Secondary survey
GSW	Gunshot wound	obj.	Object	≈	Approximately
Hrs	Hours	PND	Paroxysmal nocturnal dyspnea	△	Change
I.V.P.	Intravenous push	ped.	Pedestrian	"	Inches
I.V.P.B.	Intravenous piggy back	Pn	Pain	'	Feet
IM	Intramuscular	Pt	Patient	↑	Increased, elevated, high
IV	Intravenously	Rad →	Radiates to (i.e. Rad → arm)	↓	Decreased, diminished, low

FORWARD FORM TO EMS/QI COORDINATOR FOR REVIEW

SKILLS EVALUATION FORM

AIRWAY

Acquire: Head Tilt ☐ Jaw Thrust ☐ Unable ☐ Reason: _____

Protect: Cricoid Pressure ☐
Adjunct ☐ if yes: OPA ☐ NPA ☐ ETAD ☐ size: _____

Mask Ventilation: Chest Rise ☐ Air Trapping ☐ Auto Vent ☐

Abdominal Distension: yes ☐ no ☐ if yes: Prior to Arrival ☐ During Treatment ☐

Emesis: yes ☐ no ☐ if yes: Prior to Arrival ☐ During Treatment ☐

Intubation: Chest Rise ☐ Air Trapping ☐ Auto Vent ☐

Abdominal Distension: yes ☐ no ☐ if yes: Prior to Arrival ☐ During Treatment ☐

Emesis: yes ☐ no ☐ if yes: Prior to Arrival ☐ During Treatment ☐

CHECK, OR FILL-IN THE REQUESTED INFORMATION

AIRWAY

ICEMA RUN#	SIZE	# OF ATTEMPTS	SUCCESSFUL*
INTUBATION: ADULT <input type="checkbox"/> ORAL <input type="checkbox"/> NASAL <input type="checkbox"/>			<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> ETAD <input type="checkbox"/> OTHER			<input type="checkbox"/> YES <input type="checkbox"/> NO
PEDIATRIC ORAL			<input type="checkbox"/> YES <input type="checkbox"/> NO
NEEDLE CRIC DEVICE			<input type="checkbox"/> YES <input type="checkbox"/> NO

How was placement verified: ☐ Auscultation

☐ Pulse Ox

☐ End title CO2

Initial _____ Post Treatment _____

Color Post Intubation _____

OPTIONAL SKILLS

INTRASOSEOUS INFUSION

How was placement verified: _____

TRANSCUTANEOUS CARDIAC PACING:

Initial Rhythm _____

Fluid Bolus Given ☐ YES ☐ NO

Capture ☐ YES ☐ NO at _____

Rate _____

Milli Amps _____

NASO/ROGASTRIC TUBE

SIZE

OF ATTEMPTS

SUCCESSFUL*

☐ YES ☐ NO

How was placement verified: ☐ Auscultation over Lungs

☐ Auscultation over Stomach

☐ Aspiration of Stomach Contents

*IF ABOVE SKILL/PROCEDURE WAS SUCCESSFUL, EXPLAIN PATIENT RESPONSE

*IF ABOVE SKILL/PROCEDURE WAS UNSUCCESSFUL, EXPLAIN POSSIBLE REASON

☐ Anatomical Constraints

☐ Environmental Constraints

☐ Equipment Failure

☐ Other

PROCEDURE PERFORMED:

☐ Prior To Contact

☐ Radio Communication Failure

☐ Base Hospital Order

MEDICATION EVALUATION

☐ Magnesium Sulfate

Dose _____

Patient Response to Medication _____

☐ Verapmil

Dose _____

Patient Response to Medication _____

☐ Other

Dose _____

Patient Response to Medication _____

REVIEW OF PROCEDURE

RECEIVING HOSPITAL

BASE HOSPITAL:

RECEIVING PHYSICIAN SIGNATURE:

DATE:

PARAMEDIC SIGNATURE:

DATE:

CONDITION UPON ARRIVAL AT HOSPITAL:

EMS/QI/PLN REVIEW

EMS/QI/PLN SIGNATURE:

DATE:

PATIENT OUTCOME

COMPLETE FOLLOWING ONLY IF INFORMATION IS AVAILABLE

☐ DECEASED

☐ ADMITTED

☐ OTHER

☐ TRANSFERRED

TO

PEDIATRIC DRUG DOSE SCALE

****All numbers shown are in Milligram or Gram Doses.**

DRUG/kg	3	4	5	6	7	8	10	12	14	16	18	20	22	24	26	28	30	32	34
Adenosine 0.1 mg (1")	0.3	0.4	0.5	0.6	0.7	0.8	1.0	1.2	1.4	1.6	1.8	2.0	2.2	2.4	2.6	2.8	3.0	3.2	3.4
Adenosine 0.2 mg (2")	0.6	0.8	1.0	1.2	1.4	1.6	2.0	2.4	2.8	3.2	3.6	4.0	4.4	4.8	5.2	5.6	6.0	6.4	6.8
Atropine 0.02 mg	.10	.10	.10	.12	.14	.16	.20	.24	.28	.32	.36	.40	.44	.48	.52	.56	.60	.64	.68
Benadryl 1 mg IV	3	4	5	6	7	8	10	12	14	16	18	20	22	24	A	D	U	L	T
Benadryl 2 mg IM	6	8	10	12	14	16	20	24	28	32	36	40	44	48	A	D	U	L	T
Charcoal 1 G	3	4	5	6	7	8	10	12	14	16	18	20	22	24	26	28	30	32	34
Dex. 25% 0.5 G	1.5	2	2.5	3	3.5	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Epinephrine 0.005 mg post arrest	.015	.02	.025	.03	.035	.04	.05	.06	.07	.08	.09	.10	.11	.12	.13	.14	.15	.16	.17
Epinephrine 0.01 mg IV/IO	.03	.04	.05	.06	.07	.08	.10	.12	.14	.16	.18	.20	.22	.24	.26	.28	.30	.32	.34
Epinephrine 0.1 mg ET	0.3	0.4	0.5	0.6	0.7	0.8	1.0	A	D	U	L	T		D	O	S	A	G	E
Glucagon 0.025 mg	.075	.1	.125	.15	.175	.2	.25	.3	.35	.4	.45	.5	.55	.6	.65	.7	.75	.8	.85
Lasix 1 mg	3	4	5	6	7	8	10	12	14	16	18	20	22	24	26	28	30	32	34
Lidocaine 1 mg	3	4	5	6	7	8	10	12	14	16	18	20	22	24	26	28	30	32	34
Narcan 0.01 mg	.03	.04	.05	.06	.07	.08	.10	.12	.14	.16	.18	.20	.22	.24	.26	.28	.30	.32	.34
Narcan 0.1 mg repeat	0.3	0.4	0.5	0.6	0.7	0.8	1.0	1.2	1.4	1.6	1.8	2.0	A	D	U	L	T	-	-
Morphine 0.1 mg	0.3	0.4	0.5	0.6	0.7	0.8	1.0	1.2	1.4	1.6	1.8	2.0	2.2	2.4	2.6	2.8	3.0	3.2	3.4
Versed 0.1 mg IV/IO	0.3	0.4	0.5	0.6	0.7	0.8	1.0	1.2	1.4	1.6	1.8	2.0	2.2	2.4	2.6	2.8	3.0	3.2	3.4
Versed 0.2 mg IM	0.6	0.8	1.0	1.2	1.4	1.6	2.0	2.4	2.8	3.2	3.6	4.0	4.4	4.8	5.2	5.6	6.0	6.4	6.8

MEDICATION INFORMATION

NARCAN REVERSES	PSYCH MEDS	HYPERTENSION MEDS	CHF/CARDIAC MEDS	DIABETIC MEDS	SEIZURE MEDS
CODEINE	CELEXA	ATENOLOL	ALDACTONE	AMARYL	DEPAKOTE
DEMEROL	ELAVIL	COZAAR	DIGOXIN	AVANDIA	DILANTIN
HEROIN	HALDOL	HCTZ	INDEROL	DIABINESE	KLONOPIN
HYDROCODONE	PAXIL	LOTENSIN	ISOSORBIDE	DIABETA	LAMICTAL
METHADONE	PROZAC	LOPRESSOR	LASIX	GLUCOPHAGE	NEURONTIN
MORPHINE	RISPERDAL	NORVASC	MEXITIL	GLUCATROL	PHENOBARBITOL
NUBAIN	THORAZINE	PROCARDIA	NITRO'S (ALL)	INSULINS (ALL)	TEGRETOL
OXYCODONE	XANAX	VASOTEC	QUINIDINE	ORINASE	TOPAMAX
TALWIN	ZOLOFT	VERAPAMIL	PROCAINAMIDE	TOLINASE	VALIUM